

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

**JOHN MCCAIN 2008, INC.**

Full Name (Last, First, Middle Initial)

## **A. ELIZABETH BOWEN ESTATE**

Mailing Address 75 CRESCENT DR

City  
RINGWOOD

State  
NJ

Zip Code  
07456

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 20 / 2012

Transaction ID : SB28.1

Amount of Each Disbursement this Period

500.00

RECUT AT REQUEST OF DONOR FOR CHECK  
VOIDED AND PREVIOUSLY DISGORGED TO  
CHARITY

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional).....

500.00

Total This Period (last page this line number only).....

500.00